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TRANSMIT FORM (to be used for all correspondence Total Number of Pages in This Su	TAL ce after initial filing)	Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number	ilection of information unless it displays a valid OMB control number. 09/849,907 May 4, 2001 NGUYEN, Van 3632 BAXTER 12929.0061.NPUS00
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declara Extension of Time Requestion Express Abandonment R Information Disclosure St Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing under 37 CFR 1.5	tion(s) est lequest tatement Remai	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatio Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CE rks DF APPLICANT, ATTO	Status Letter Other Enclosure(s) (please Identify below): POSTCARD RECEIVE NOV 1 0 2004 GROUP 3600
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Date November 4, 2004

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750 BERING DRIVE HOUSTON, TX 77057-2198 PHONE 713.787.1400 FAX 713.787.1440 A LIMITED LIABILITY PARTNERSHIP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: NGUYEN, Van

Serial No.: 09/849,907

Confirmation No.: 9112

Filed: May 4, 2001

For: SUPPORT APPARATUS FOR MEDICAL FLUIDS

Group Art Unit: 3632

Examiner: BAXTER

Atty. Dkt. No.: 12929.0061.NPUS00

(TXCH061---)

RESPONSE TO NON-FINAL OFFICE ACTION

EXPRESS MAIL MAILING LABEL

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This paper is in response to the Office Action dated May 6, 2004, for which the six month date for response is **November 6, 2004**.

Applicant petitions for a three-month extension of time up to and including November 6, 2004 to file the enclosed papers in this application. Applicant authorizes the Commissioner to charge this fee and any other fee necessary to the prosecution of this application to Deposit Account No. 01-2508, reference no. 12929.0061.NPUS00.

Applicant requests the following:

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